

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						Application Number 10/516,523	Filing Date					
Substitute for Form PTO-1360 (For use with Form PTO/SB/06)						Applicant(s)						
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments					
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Total Depend							Total Depend					
Total Claims							Total Claims					

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